Maternal deaths in Madhya Pradesh

1435. SHRI VIJAY J. DARDA:
SHRI GIREESH KUMAR SANGHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the observations of Madhya Pradesh State representative of UNICEF made in February, 2007 that "out of 70,000 women who die of childbirth, Madhya Pradesh accounts for 7,000 deaths";

(b) if so, what is the Maternal Mortality Rate (MMR) in the country, State-wise, and

(c) whether this MMR reflect deaths only in primary health centers or it is inclusive of such other deaths where deliveries take place at indiviaual homes?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) MMR as estimated for major States by the Registrar General of India (Sample Registration System 1998 and 2001-2003) are given in the Statement *(See* below). As per these figures MMR of Madhya Pradesh is 379 per 100,000 live births, which translates into about 7,000 deaths of pregnant women per year.

The MMR as estimated by the SRS reflects all maternal deaths in the country both in health facilities and at home.

Statement

Maternal Mortality Ratio

India and State-wise

(Source: RGI, (SRS), 1997-98, 1999-01, 2001-03)

Major State	MMR (1997-98)	MMR (1999-01)	MMR (2001-03)
1	2	3	4
India Total*	398	327	301
Assam	568	398	490
Bihar/Jharkhand	531	400	371
Madhya Pradesh/Chhattisgarh	441	407	379
Orissa	346	424	358
Rajasthan	508	501	445
Uttar Pradesh/Uttaranchal	606	539	517
Andhra Pradesh	197	220	195
Karnataka	245	266	228

1	2	3	4
Kerala	150	149	110
Tamil Nadu	131	167	134
Gujarat	46	202	172
Haryana	136	176	162
Maharashtra	166	169	149
Punjab	280	177	178
West Bengal	303	218	194
Others	-	276	235

* Includes Others

Care of girl child before birth

1436. KUMARI NIRMALA DESHPANDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the steps taken by his Ministry to save the girl child before birth;

(b) the main reasons for female foeticides; and

(c) the steps being taken in various fields?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) In order to check female foeticide, the technique of pre-conception sex selection has been brought within the ambit of this Pre-Conception and Pre-Natal Diagnostic Techniques Act (PC&PNDT Act) so as to pre-empt the use of such technologies, which significantly contribute to the declining sex ratio. Use of ultrasound machines has also been brought within the purview of this Act more explicitly so as to curb their misuse for detection and disclosure of sex of the foetus lest it should lead to female foeticide. Appropriate Authorities at the State and District levels are empowered with the powers of Civil Court for search, seizure and sealing the machines, equipments and records of the violators of law including sealing of premises and commissioning of witnesses. It has been made mandatory to maintain proper records in respect of the use of ultrasound machines and other equipments capable of detection of sex of foetus and also in respect of tests and procedures that may lead to pre-conception selection of sex. The sale of ultrasound machines has been regulated through laying down the condition of sale only to the bodies registered under the Act. Stringent punishments are prescribed under the Act so as to serve as a deterrent for minimizing violations of the Act.

(b) Some of the reasons commonly put forward to explain the consistently low levels of sex ratio are son preference, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female foeticide, higher maternal mortality and male bias in enumeration of population. Easy availability of the sex